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# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. CITI0127 Total Pages

First Named Inventor or Application Identifier

Daniel SCHUTZER

Express Mail Label No.

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

 Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, D.C. 20231

1. ☒ Fee Transmittal Form  
 ((Submit an original, and a duplicate for fee processing))
2. ☒ Specification Total Pages 19  
 (preferred arrangement as set forth below)
- Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure

3. ☒ Drawing(s) (35 usc 113) [Total Sheets] 5
4. ☒ Oath or Declaration [Total Pages] 2
- a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with box 17 completed) [Note Box 5 below]
  - i. ☐ DELETION OF INVENTOR(S)  
 Signed statement attached deleting inventor(s) named in the prior application, See 37 CFR 1.63(d)(2) and 1.33(b)

5. ☐ Incorporation By Reference (usable if Box 4b is checked)  
 The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
 (when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure ☒ Copies of IDS  
 Statement (IDS)/PTO-1449 Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
14. ☐ Small Entity ☐ Statement filed in prior  
 Statement application, Status till proper  
 and desired
15. ☐ Certified Copy of Priority Document(s)  
 (If foreign priority is claimed)
16. ☐ Other: .....

## 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: .....

## 18. CORRESPONDENCE ADDRESS

- ☐ Customer Number or Bar Code Label or ☐ Correspondence address below

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	KILPATRICK STOCKTON LLP				
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	Suite 800				
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Name (Print/Type)	George T. Marcou			Reg. No.	33,014
Signature				Date	4/5/97

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

PTO/SB/05 (12/97)

GTM/BDD/acd/C0464.175440/CITI0127/63772

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 JC639 U.S. PTO

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<b>FEE TRANSMITTAL</b>  <i>Note: Effective October 1, 1997. Patent Fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		<b>Application Number</b>	To be assigned
		<b>Filing Date</b>	Herewith
		<b>First Named Inventor</b>	Daniel SCHUTZER
		<b>Group Art Unit</b>	To be assigned
		<b>Examiner Name</b>	To be assigned
		<b>Attorney Docket Number</b>	CITI0127
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>760.00</b>			

<b>METHOD OF PAYMENT (check one)</b>					<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																								
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">11-0855</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">KILPATRICK STOCKTON LLP</span></p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR. 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:  <input checked="" type="checkbox"/> Check      <input type="checkbox"/> Money Order      <input type="checkbox"/> Other</p>					<p><b>3. 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<b>SUBMITTED BY</b>				
Typed or printed Name: <span style="border: 1px solid black; padding: 2px;">George T. Marcou</span> Signature: <span style="border: 1px solid black; padding: 2px;">George T. Marcou</span>		<b>Complete (if applicable)</b> Reg. No. <span style="border: 1px solid black; padding: 2px;">33,014</span> Deposit Account User ID <span style="border: 1px solid black; padding: 2px;">41,571</span>		
Date: <span style="border: 1px solid black; padding: 2px;">10/1/99</span>				